

Nevada Department of Agriculture
 Plant Pathology Laboratory
 350 Capitol Hill Avenue
 Reno, NV 89502-2923

Laboratory Use Only

Series number _____
 Date received _____
 Date reported _____

Express Diagnosis Form For Official Samples

Collector		Date	Program category (Mark those applicable) <input type="checkbox"/> Nursery (field, store, etc.) <input type="checkbox"/> Port of entry/shipment <input type="checkbox"/> Organic agriculture <input type="checkbox"/> Phytosanitary inspection <input type="checkbox"/> Seed certification <input type="checkbox"/> Pest survey <input type="checkbox"/> Disease quarantine
Results reported to (Required) Reno Office Attn: _____ Las Vegas Attn: _____ Winnemucca Attn: _____ Elko Office Attn: _____			
Common name of the plant (Required)		Latin name of the plant (optional)	
Specific location/shipment where your samples were collected:			
Samples submitted for (mark one) <input type="checkbox"/> Quarantined diseases If yes, specify _____ <input type="checkbox"/> PC required diseases If yes, specify country _____ <input type="checkbox"/> Certification target diseases <input type="checkbox"/> Current survey diseases <input type="checkbox"/> All possible diseases <input type="checkbox"/> Non-enforcement diseases		Description of plant symptoms (Use reverse page if needed):	
Diagnostic results:			
Suggested enforcement:			
Sample-taking instruction: Submit intact plants with root system if possible, especially for small plants that may be systemically infected, or collect various parts of plants with different symptoms if plants are big. Include a healthy plant or its part if available. Leaves and stem should be placed between dry paper towels and enclosed in a plastic bag and leave it unsealed. Roots should be submitted with some attached soil. Each sample should be labeled. Fill this form completely and accurately always when a sample is submitted.			